

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

Chapter you are filing under:

☐ Chapter 7

☒ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Steven

First name

Patrick

Middle name

Kent

Last name and Suffix (Sr., Jr., II, III)

Christina

First name

Marie

Middle name

O'Connell-Kent

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

Steven P. Kent

**FKA Christina Marie O'Connell
Christina M. Kent
Christina M. O'Connell-Kent**

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-5210

xxx-xx-9874

Debtor 1 **Steven Patrick Kent**
Debtor 2 **Christina Marie O'Connell-Kent**

Case number (if known) _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

☒ I have not used any business name or EINs.

☒ I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

Business name(s)

EINs

EINs

5. Where you live

**421 Malden Avenue
La Grange Park, IL 60526**

Number, Street, City, State & ZIP Code

Cook

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Steven Patrick Kent**
Debtor 2 **Christina Marie O'Connell-Kent**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☐ Chapter 7
- ☒ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
-
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
-
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.
- ☐ Yes.
- | | | |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
-
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No
- ☐ Yes.
- | | |
|-----------------------------|---------------------------|
| Debtor _____ | Relationship to you _____ |
| District _____ | When _____ |
| Case number, if known _____ | |
| Debtor _____ | Relationship to you _____ |
| District _____ | When _____ |
| Case number, if known _____ | |
-
11. **Do you rent your residence?** ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Steven Patrick Kent**
Debtor 2 **Christina Marie O'Connell-Kent**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

☐ No. I am not filing under Chapter 11.

☒ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☒ No.

☐ Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property? _____

Number, Street, City, State & Zip Code

Debtor 1 **Steven Patrick Kent**
Debtor 2 **Christina Marie O'Connell-Kent**

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Steven Patrick Kent**
Debtor 2 **Christina Marie O'Connell-Kent**

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a.	Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> No. Go to line 16b. <input type="checkbox"/> Yes. Go to line 17.
	16b.	Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input checked="" type="checkbox"/> Yes. Go to line 17.
	16c.	State the type of debts you owe that are not consumer debts or business debts <hr/>

17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes.	I am not filing under Chapter 7. Go to line 18. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes
--	--	---

18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
---	--	--	---

19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
--	---	--	--

20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
---	--	---	--

Part 7: Sign Below

For you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>/s/ Steven Patrick Kent</u> Steven Patrick Kent Signature of Debtor 1 </div> <div style="width: 45%;"> <u>/s/ Christina Marie O'Connell-Kent</u> Christina Marie O'Connell-Kent Signature of Debtor 2 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> Executed on <u>June 6, 2018</u> MM / DD / YYYY </div> <div style="width: 45%;"> Executed on <u>June 6, 2018</u> MM / DD / YYYY </div> </div>
----------------	---

Debtor 1 **Steven Patrick Kent**
Debtor 2 **Christina Marie O'Connell-Kent**

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Joel A. Schechter

Signature of Attorney for Debtor

Date

June 6, 2018

MM / DD / YYYY

Joel A. Schechter 3122099

Printed name

Law Offices of Joel A. Schechter

Firm name

53 West Jackson Blvd

Suite 1522

Chicago, IL 60604

Number, Street, City, State & ZIP Code

Contact phone **312-332-0267**

Email address

joelschechter@covad.net

3122099 IL

Bar number & State

Debtor 1 Steven Patrick Kent
Debtor 2 Christina Marie O'Connell-Kent

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?
- 16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☒ No. Go to line 16b.
☐ Yes. Go to line 17.
- 16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
☒ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer debts or business debts

17. Are you filing under Chapter 7?
- ☒ No. I am not filing under Chapter 7. Go to line 18.
- Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?
- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☐ No
☐ Yes

18. How many Creditors do you estimate that you owe?
- ☒ 1-49
☐ 50-99
☐ 100-199
☐ 200-999
- ☐ 1,000-5,000
☐ 5,001-10,000
☐ 10,001-25,000
- ☐ 25,001-50,000
☐ 50,001-100,000
☐ More than 100,000

19. How much do you estimate your assets to be worth?
- ☒ \$0 - \$50,000
☐ \$50,001 - \$100,000
☐ \$100,001 - \$500,000
☐ \$500,001 - \$1 million
- ☐ \$1,000,001 - \$10 million
☐ \$10,000,001 - \$50 million
☐ \$50,000,001 - \$100 million
☐ \$100,000,001 - \$500 million
- ☐ \$500,000,001 - \$1 billion
☐ \$1,000,000,001 - \$10 billion
☐ \$10,000,000,001 - \$50 billion
☐ More than \$50 billion

20. How much do you estimate your liabilities to be?
- ☐ \$0 - \$50,000
☐ \$50,001 - \$100,000
☐ \$100,001 - \$500,000
☐ \$500,001 - \$1 million
- ☒ \$1,000,001 - \$10 million
☐ \$10,000,001 - \$50 million
☐ \$50,000,001 - \$100 million
☐ \$100,000,001 - \$500 million
- ☐ \$500,000,001 - \$1 billion
☐ \$1,000,000,001 - \$10 billion
☐ \$10,000,000,001 - \$50 billion
☐ More than \$50 billion

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3574.


Steven Patrick Kent
Signature of Debtor 1


Christina Marie O'Connell-Kent
Signature of Debtor 2

Executed on June 6, 2018
MM / DD / YYYY

Executed on June 6, 2018
MM / DD / YYYY

Debtor 1 Steven Patrick Kent
Debtor 2 Christina Marie O'Connell-Kent

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.



Date June 6, 2018
MM / DD / YYYY

Joel A. Schechter 3122099
Printed name

Law Offices of Joel A. Schechter
Firm name

53 West Jackson Blvd
Suite 1522
Chicago, IL 60604
Number, Street, City, State & ZIP Code

Contact phone 312-332-0267

Email address joelschechter@covad.net

3122099 IL
Bar number & State

Fill in this information to identify your case:

Debtor 1 **Steven Patrick Kent**
First Name Middle Name Last Name
Debtor 2 **Christina Marie O'Connell-Kent**
(Spouse if, filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**
Case number _____
(if known)

☐ Check if this is an amended filing

B 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

Unsecured claim

1 **ACL Laboratories**
c/o State Collection Services
2509 S. Stoughton Road
Madison, WI 53716

Contact _____
Contact phone _____
What is the nature of the claim? **medical services** \$ **\$81.00**
As of the date you file, the claim is: Check all that apply
☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply
Does the creditor have a lien on your property?
☒ No
☐ Yes. Total claim (secured and unsecured) \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

2 **ACL Laboratories**
c/o State Collection Services
2509 S. Stoughton Road
Madison, WI 53716

Contact _____
Contact phone _____
What is the nature of the claim? **medical services** \$ **\$81.00**
As of the date you file, the claim is: Check all that apply
☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply
Does the creditor have a lien on your property?
☒ No
☐ Yes. Total claim (secured and unsecured) \$ _____
Value of security: - \$ _____

Debtor 1 **Steven Patrick Kent**
Debtor 2 **Christina Marie O'Connell-Kent**

Case number (if known) _____

Contact phone _____

Unsecured claim

\$ _____

3

**Adventist Hinsdale Hospital
c/o Merchants Credit Guide
223 West Jackson Blvd., Suite 7
Chicago, IL 60606**

What is the nature of the claim?

medical services

\$ \$180.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

Contact _____

Contact phone _____

4

**Adventist Hinsdale Hospital
c/o Merchants Credit Guide
223 West Jackson Blvd., Suite 7
Chicago, IL 60606**

What is the nature of the claim?

medical services

\$ \$646.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

Contact _____

Contact phone _____

5

**Adventist Hinsdale Hospital
c/o Merchants Credit Guide
223 West Jackson Blvd., Suite 7
Chicago, IL 60606**

What is the nature of the claim?

medical services

\$ \$256.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

Contact _____

Contact phone _____

6

**Adventist LaGrange Hospital
c/o Merchants Credit Guide
223 West Jackson Blvd., Suite 7
Chicago, IL 60606**

What is the nature of the claim?

medical services

\$ \$170.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Debtor 1 **Steven Patrick Kent**
Debtor 2 **Christina Marie O'Connell-Kent**

Case number (if known) _____

Contact

Contact phone

Does the creditor have a lien on your property?

- ☒ No
- ☐ Yes. Total claim (secured and unsecured) \$ _____
- Value of security: - \$ _____
- Unsecured claim \$ _____

7

Comcast
c/o Convergent Outsourcing
800 SW 39th St.
Olympia, WA 98507

Contact

Contact phone

What is the nature of the claim? utility **\$ \$313.00**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☒ Disputed
- ☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
- ☐ Yes. Total claim (secured and unsecured) \$ _____
- Value of security: - \$ _____
- Unsecured claim \$ _____

8

Illinois Department of Revenue
P.O. Box 64338
Chicago, IL 60664-0338

Contact

Contact phone

What is the nature of the claim? IL 1040 liabilities, **\$ Unknown**
various years

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☒ Disputed
- ☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
- ☐ Yes. Total claim (secured and unsecured) \$ _____
- Value of security: - \$ _____
- Unsecured claim \$ _____

9

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Contact

Contact phone

What is the nature of the claim? 1040 liabilities, **\$ Unknown**
various years
amount is
approximated

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☒ Disputed
- ☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
- ☐ Yes. Total claim (secured and unsecured) \$ _____
- Value of security: - \$ _____
- Unsecured claim \$ _____

Debtor 1 **Steven Patrick Kent**
Debtor 2 **Christina Marie O'Connell-Kent**

Case number (if known) _____

10

Lavelle Law, Ltd.
501 West Colfax Street
Palatine, IL 60067

What is the nature of the claim? _____ **\$ \$0.00**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

Contact

Contact phone

11

Loyola Physician Network
c/o Nationwide Credit
815 Commerce Drive, Suite 270
Oak Brook, IL 60523

What is the nature of the claim? medical services **\$ \$90.00**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

Contact

Contact phone

12

Loyola University Health System
c/o Nationwide Credit
815 Commerce Drive, Suite 270
Oak Brook, IL 60523

What is the nature of the claim? medical services **\$ \$105.00**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

Contact

Contact phone

13

Loyola University Health System
c/o Nationwide Credit
815 Commerce Drive, Suite 270
Oak Brook, IL 60523

What is the nature of the claim? medical services **\$ \$240.00**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Debtor 1 **Steven Patrick Kent**
Debtor 2 **Christina Marie O'Connell-Kent**

Case number (if known) _____

Does the creditor have a lien on your property?

☒ No
☐ Yes. Total claim (secured and unsecured) \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

Contact _____

Contact phone _____

14

What is the nature of the claim?

421 Malden Avenue \$ \$295,832.82
La Grange Park, IL
60526

Select Portfolio Servicing, Inc.
Attn: Bankruptcy Dept.
P.O. Box 65250
Salt Lake City, UT 84165

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

☐ No
☒ Yes. Total claim (secured and unsecured) \$ **\$645,832.82**
Value of security: - \$ **\$350,000.00**
Unsecured claim \$ **\$295,832.82**

Contact _____

Contact phone _____

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X **/s/ Steven Patrick Kent**

Steven Patrick Kent
Signature of Debtor 1

X **/s/ Christina Marie O'Connell-Kent**

Christina Marie O'Connell-Kent
Signature of Debtor 2

Date **June 6, 2018**

Date **June 6, 2018**

Debtor 1 **Steven Patrick Kent**
Debtor 2 **Christina Marie O'Connell-Kent**

Case number (if known) _____

Does the creditor have a lien on your property?



No

Contact _____



Yes. Total claim (secured and unsecured) \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

Contact phone _____

14

What is the nature of the claim?

421 Malden Avenue
La Grange Park, IL
60526

\$ \$295,832.82

Select Portfolio Servicing, Inc.
Attn: Bankruptcy Dept.
P.O. Box 65250
Salt Lake City, UT 84165

As of the date you file, the claim is: Check all that apply



Contingent



Unliquidated



Disputed



None of the above apply

Does the creditor have a lien on your property?



No



Yes. Total claim (secured and unsecured) \$ \$645,832.82

Value of security: - \$ \$350,000.00

Unsecured claim \$ \$295,832.82

Contact _____

Contact phone _____

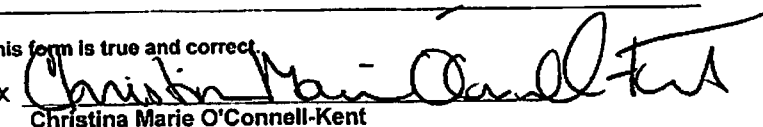
Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

x


Steven Patrick Kent
Signature of Debtor 1

x


Christina Marie O'Connell-Kent
Signature of Debtor 2

Date June 6, 2018

Date June 6, 2018

ACL Laboratories
c/o State Collection Services
2509 S. Stoughton Road
Madison, WI 53716

Adventist Hinsdale Hospital
c/o Merchants Credit Guide
223 West Jackson Blvd., Suite 7
Chicago, IL 60606

Adventist LaGrange Hospital
c/o Merchants Credit Guide
223 West Jackson Blvd., Suite 7
Chicago, IL 60606

Comcast
c/o Convergent Outsourcing
800 SW 39th St.
Olympia, WA 98507

Deutsch Bank National Trust Co.
c/o Kluever & Platt, LLC
150 North Michigan Ave., Suite 2600
Chicago, IL 60601

Illinois Department of Revenue
P.O. Box 64338
Chicago, IL 60664-0338

Intercounty Judicial Sales Corp.
120 W. Madison Street
Suite 718A
Chicago, IL 60602

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Kleuver & Platt, LLC
150 North Michigan Avenue
Suite 2600
Chicago, IL 60601

Lavelle Law, Ltd.
501 West Colfax Street
Palatine, IL 60067

Loyola Physician Network
c/o Nationwide Credit
815 Commerce Drive, Suite 270
Oak Brook, IL 60523

Loyola University Health System
c/o Nationwide Credit
815 Commerce Drive, Suite 270
Oak Brook, IL 60523

Select Portfolio Servicing, Inc.
Attn: Bankruptcy Dept.
P.O. Box 65250
Salt Lake City, UT 84165